

74TRS088600

RENEWAL NUMBER

CROSS REFERENCE NUMBER

74 TRS 100541

**NATIONAL INDEMNITY COMPANY OF THE
SOUTH
NORTH LIBERTY, IOWA
BUSINESS AUTO COVERAGE DECLARATIONS**

☐ The Declarations
include a second part
designated "Part 2".

ITEM ONE NAMED INSURED & ADDRESS
ONE WAY HAULING EXPRESS CO.
8711 NW 108 STREET
HIALEAH GARDENS, FL 33018

Producer
A & L Insurance Carrier Inc
11117 W. Okeechobee Rd. Suite 201
Hialeah, FL 33018

FORM OF NAMED INSURED'S BUSINESS: **Corporation**

NAMED INSURED'S BUSINESS: **TRUCKER**

POLICY PERIOD: Policy covers FROM **05/05/2019 12:01 AM** TO **05/05/2020** 12:01 A.M. Standard Time at the Named Insured's Address stated above.

ITEM TWO - SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the COVERED AUTO Section of the Business Auto Coverage Form next to the name of the coverage.

COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the COVERED AUTOS Section of the Business Auto Coverage Form shows which autos are covered autos)	LIMIT OF INSURANCE THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
LIABILITY	7	\$ 1,000,000 CSL	\$
PERSONAL INJURY PROTECTION (P.I.P.) (or equivalent No-fault coverage)	7	SEPARATELY STATED IN EACH P.I.P. ENDORSEMENT MINUS \$ Deductible	\$
ADDED P.I.P. (or equivalent added No-fault cov.)		SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT	\$
PROPERTY PROTECTION INSURANCE (P.P.I.) (Michigan only)		SEPARATELY STATED IN THE P.P.I. ENDORSEMENT MINUS \$ Deductible FOR EACH ACCIDENT	\$
AUTO MEDICAL PAYMENTS		\$	\$
UNINSURED MOTORISTS	7	\$ 20,000 CSL (BI Only)	\$
UNDERINSURED MOTORISTS (when not included in Uninsured Motorists coverage)		\$	\$
PHYSICAL DAMAGE INSURANCE			
COMPREHENSIVE COVERAGE		\$	\$
SPECIFIED CAUSES OF LOSS		\$	\$
COLLISION COVERAGE		\$	\$
TOWING AND LABOR		\$ Deductible FOR EACH COVERED AUTO	\$
FORMS AND ENDORSEMENTS CONTAINED IN THIS POLICY AT ITS INCEPTION See M4572 (12/1994)		PREMIUM FOR ENDORSEMENTS	\$
ENTER SYMBOL 10 DESCRIPTION HERE:		ESTIMATED TOTAL PREMIUM	\$
POLICY SUBJECT TO A FULLY EARNED POLICYWRITING MINIMUM PREMIUM OF \$ XXXXXXXXXX			IF CANCELLED BY THE INSURED.
ITEM THREE - SCHEDULE OF COVERED AUTOS AS ATTACHED			

Hull & Company, Inc.

St. Petersburg, FL

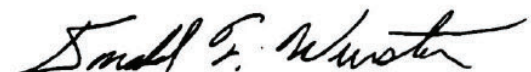
Countersigned At _____ By _____

In Witness whereof, we have caused this policy to be executed and attested.

AUTHORIZED SIGNATURE



Secretary



President

M-5605 (02/2011)

NICO 000024